

Electronic Remittance Data / Pharmacy Vendor Authorization

This document acknowledges PHARMACY's approval to release paid claims data history. The claims data can be made available through email or may be sent to your preferred third-party vendor offering central pay or reconciliation services.

Please select your preferred manner of reconciliation:

In-house reconciliation: Y N

Third Party Vendor: Y N

Email: _____

835/ERA: _____

Pharmacy Information:

NCPDP: _____

Tax ID: _____

NPI: _____

Pharmacy Name: _____

Phone: _____

Fax: _____

Contact Name: _____

Title: _____

Contact email: _____

Remittance email: _____

Vendor Information:

Vendor Name: _____

Contact Name: _____ Title: _____

Contact email: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Pharmacy Authorization: *(I hereby give Liviniti authorization to release remittance data to the above vendor.)*

Name: _____

Title: _____ Date: _____

Signature: _____